

Form CPF M 102: Campaign Finance Report Municipal Form

TOWN CLERK'S OFFIC Office of Campaign and Political Finance ARLINGTON. MA 02174

of Massachusetts 2021 MAY 11 PM 3: 05						
Fill in Reporting Period dates: Beginning D	ate: April 1	0, 2021	Ending		May 10, 2021	k or Election Commission
Type of Report: (Check one) ECEIVED						
☐ 8th day preceding preliminary ☐ 8th day preceding	ng election [⊠ 30 day	after election	□ y	ear-end report	dissolution
Jeffrey D. Thielman	Committee to Elect Jeff Thielman					
Candidate Full Name (if applicable) Arlington School Committee		Committee Name				
Office Sought and District		Christine Power Thielman Name of Committee Treasurer				
37 Coolidge Road, Arlington, MA 02476		37 Coolidge Road, Arlington, MA 02476				
Residential Address		37 60011			Mailing Address	
E-mail: jeff.thielman@gmail.com		E-mail:		powerth	ielman@gmail.c	om
Phone # (optional): (781) 859-9099		Phone # (o)			(617) 571-550	
		L				
SUMMARY	BALANCE	E INFOR	RMATION:		***************************************	
Line 1: Ending Balance from previou	s report	Γ			\$1,822.6	7
					\$1,022.0	2
Line 2: Total receipts this period (pag	e 3, line 11)				\$0.00	9
Line 3: Subtotal (line 1 plus line 2)					\$1,822.6	2
Line 4: Total expenditures this period (page 5, line					\$0.00	ا ا
Line 5: Ending Balance (line 3 minus line 4)					\$1,822.67	7
Line 6: Total in-kind contributions this period (page					\$0.00	
Line 7: Total (all) outstanding liabiliti	es (page 7)				\$0.00	
Line 8: Name of bank(s) used: Leader	Bank]
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and activity, including all contributions, loans, receipts, expenditures, disburse finance activity of all persons acting under the authority of on behalf of the Signed under the penalties of perjury:	ements, m-kind con	itributions an	d liabilities for this	of M G.L.	period and represent c. 55.	l campaign finance is the campaign
		-1-3	(1)0030101	a signature)		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
FOR CANDIDATE FILINGS ONLY: Affidavit of Candida	te: (cneck I box o	only)				
Candidate with Committee I certify that I have examined this report including attached schedules activity, of all persons acting under the authority or on behalf of this incurred any habilities nor made any expenditures on my behalf during	committee in accor	dance with the	te requirements of	Millic	\$5 I have not record	of all campaign finance ved any contributions,
Candidate without Committee I certify that I have examined this report including attached schedules finance activity, including contributions, loans, receipts, expenditures campaign finance activity of all persons acting under the authority or	, disbursements, in on behalf of this er	i-kind contrib	outions and liability	es for this	reporting paried and	of all campaign I represents the
Signed under the penalties of perjury	an		(Candidate	s signature	Date: Ma	ву 10, 2021

SCHEDULE A: RECEIPTS (continued)

Name and Residential Address Date Received (alphabetical listing required) A		Amount	Occupation & Employer (for contributions of \$200 or more)		
Line 9: Total Rece	cipts over \$50 (or listed above)				
Line 10: Total Rec	eipts \$50 and under* (not listed above)				
Line 11: TOTAL	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2		

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^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES (continued)

	SCHEDULE B: EXPENDITURES (continued)						
Date Paid	To Whom Paid (alphabetical listing)	Address Purpose of Expenditure		Amount			
	3						
			The state of the s				
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				l			
	Line 12: Expenditures over \$50 (or listed above)						
		Line 13: Expenditures \$50 and under* (not listed above)					
	Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD						

If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized bove.

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SCHEDULE DE LIABILITIES

 $M.G.L.\ c.\ 55$ requires committees to report ALL habilities which have been reported previously and are still outstanding, as well is those habilities incurred during this reporting period

Date Incurred	Ta Whom Due	Address	Purpose	Amount
				A CONTRACTOR AND A CONT
				And the second s
The state of the s				
The state of the s				
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	Page 7